

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000262

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 21

FILED JAN 14 1963

VS 300 Rev. 4/59	DATE AMENDED	1	2	3	4	5	6	7	8	9	10	11	12	13
0109			0210		0	1		2	1	92924			2-0	3-0
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS														
INSTEAD OF														
SHOULD READ														
ITEM NO.														
BY AFFIDAVIT OF														
USE BLACK INK OR TYPEWRITER RIBBON														

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Columbia</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>				Length of stay in 1b <u>1 DAY</u>		c. CITY OR TOWN <u>Salisbury</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Med. Center</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Columbia Mo</u>	
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>Leutona</u> Last <u>Leutona</u>				4. DATE OF DEATH Month <u>1</u> Day <u>10</u> Year <u>63</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-9-88</u>	
9. AGE (last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>	
13a. FATHER'S NAME <u>Edward Leutona</u>				13b. MOTHER'S MAIDEN NAME <u>Louise Sanders</u>		14. NAME OF HUSBAND OR WIFE <u>Orell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1918</u>				16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Medical Records U.M.M.C.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL HEMORRHAGE</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>APLASTIC ANEMIA</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>8 a.m.</u> Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>4-30-62</u> to <u>1-10-63</u> and last saw him alive on <u>1-10-63</u> Death occurred at <u>1:35</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>L.E. Broadbent, M.D.</u>				22b. ADDRESS <u>U. OF MO. MED. CENTER Columbia, Mo.</u>		22c. DATE SIGNED <u>1-10-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>1-10-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Immanuel Lutheran</u>		23d. LOCATION (City, town, or county) <u>Salisbury, Mo</u>	
24. FUNERAL DIRECTOR <u>Parker Funeral Service, Columbia, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Jan 10 1963</u>		26. REGISTRAR'S SIGNATURE <u>Mrs RE Palmer</u>	

(Licensed Embalmer's Statement on Reverse Side)

FFP 14 1963

JAN 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

George C. Kerby

Licensed Embalmer No.

4732

P. O. Address

Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.